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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/998,481	11/30/2001	Francis Barany	19603/3331 (CRF 6387 D-2634A)		
7590 05/13/2004			EXAMINER		
Michael L. Go			SIEW, JEFFREY		
NIXON PEABODY LLP Clinton Square			ART UNIT	PAPER NUMBER	
P.O. Box 31051			1637		
Rochester, NY 14603			DATE MAILED: 05/13/2004		

Please find below and/or attached an Office communication concerning this application or proceeding.



## Interview Summary

Application No.	Applicant(s)		
09/998,481	BARANY ET AL.		
Examiner	Art Unit		
Jeffrey Siew	1637		

•	Examiner	Art Unit				
	Jeffrey Siew	1637				
All participants (applicant, applicant's representative, PTO personnel):						
(1) <u>Jeffrey Siew</u> .	(3)					
(2) Noreen Connolly.	(4)					
Date of Interview: <u>05 May 2004</u> .						
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	²)☐ applicant's representativ	e]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.					
Claim(s) discussed: <u>1-155</u> .						
Identification of prior art discussed:						
Agreement with respect to the claims f) was reached. g	) was not reached. h) □	N/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>applicant clarified her response to selection wild type endonucleases and not to any mutant endonucleases. Office will rescind second restriction upon clarification and proceed with examination.</u> (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims						
allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)						
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.						
	Jekker	Sur CIEM	- -			
	PRIMARY	EXAMINER				
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	nature, if required				